

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH

Registration District No. 65/37

Primary Registration District No. 3023

Registrar's No. 20001281

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300-
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		c. CITY OR TOWN <u>Clinton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hwy 52</u>		d. STREET ADDRESS (If outside, give location) <u>503 Price Lane</u>	
3. NAME OF DECEASED (Type or print) First <u>Bonnie</u> Middle <u>B</u> Last <u>Collier</u>		4. DATE OF DEATH Month <u>Jan</u> Day <u>30</u> Year <u>1965</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-15-1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <u>Hiram G. Foster</u>		11b. MOTHER'S MAIDEN NAME <u>Flora Sullivan</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		12b. SOCIAL SECURITY NO.	
13a. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Compound Skull Fracture</u> DUE TO (b) <u>Crushing Injury Left Chest</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>Torn</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Multiple vehicle accident</u>	
20c. TIME OF INJURY Hour <u>10:30</u> p.m. Month, Day, Year <u>1-30-65</u>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 52 Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>Clinton</u>	
20g. COUNTY <u>Henry</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u>unattended</u> to _____ and last saw her alive on _____ Death occurred at <u>10:30 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE <u>Richard M. Neal</u> (Degree or title) <u>Henry County coroner</u>		21b. ADDRESS <u>106 S. 3rd Clinton Mo</u>	
21c. DATE <u>Feb 1-1965</u>		21d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>	
24. FUNERAL DIRECTOR <u>Shoberg Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 2, 1965</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1965

MAR 18 1965

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Stanley J. Hickman, Student Embalmer No. 750
working under my personal supervision.

Student

Stanley J. Hickman
Signature of Student Embalmer

Signed

R. P. Dunning

Licensed Embalmer No. 4710

P. O. Address

Clinton ME

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained 2-2-65 (ME)